

VZCZCXRO3791  
PP RUEHAST RUEHDH RUEHHM RUEHLN RUEHMA RUEHPB RUEHPOD RUEHTM RUEHTRO  
DE RUEHIT #0203/01 1600539  
ZNR UUUUU ZZH  
P 090539Z JUN 09  
FM AMCONSUL ISTANBUL  
TO RUEHC/SECSTATE WASHDC PRIORITY 8998  
INFO RUEHZN/ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE PRIORITY  
RUEHAK/AMEMBASSY ANKARA PRIORITY 8275  
RUEHBJ/AMEMBASSY BEIJING PRIORITY 0063  
RUEHEG/AMEMBASSY CAIRO PRIORITY 0118  
RUEHME/AMEMBASSY MEXICO PRIORITY 0048  
RUEHKO/AMEMBASSY TOKYO PRIORITY 0069  
RUEHDA/AMCONSUL ADANA PRIORITY 2399  
RUEAUSA/DEPT OF HHS WASHDC PRIORITY  
RUEHRC/USDA FAS WASHDC PRIORITY 0031  
RUEAIIA/CIA WASHDC PRIORITY  
RUEKJCS/DIA WASHDC PRIORITY  
RHEHAAA/WHITE HOUSE WASHDC PRIORITY

UNCLAS SECTION 01 OF 03 ISTANBUL 000203

SIPDIS  
SENSITIVE

DEPT FOR EUR, EUR/SE AND CA/OCS

E.O. 12958: N/A

TAGS: [SENV](#) [CASC](#) [KFLU](#) [PREL](#) [AMGT](#) [TU](#)

SUBJECT: LESSONS LEARNED FROM THE H1N1 OUTBREAK IN TURKEY

REF: STATE 54435

ISTANBUL 00000203 001.2 OF 003

11. (SBU) Summary: An Amcit transit passenger was Turkey's first confirmed H1N1 case. His mother, a green card holder (LPR), also tested positive for the virus. Subsequently six more confirmed H1N1 cases have been announced by the Government of Turkey (GOT) including an additional U.S. citizen and a Turkish national recipient of a State Department grant. Close coordination among Mission Turkey's three posts (Ankara, Istanbul and Adana) as well as the Bureau of Consular Affairs and the EUR Turkey Desk enabled us to support the Amcit family while in quarantine, ensure their timely release and facilitate their onward travel. This case highlighted inadequacies on the part of the GOT, most notably communication gaps between GOT agencies in Ankara and field offices in Istanbul and an unwillingness to engage with consular officials on the details of the quarantine. Turkey's sensationalist media exacerbated communication problems and made preserving the privacy of the Amcit patients very difficult. End Summary.

Background on Amcit H1N1 Case  
-----

12. (SBU) A U.S. legal permanent resident (LPR) mother and her five adult U.S. citizen children -- all of Kurdish descent and former asylees from northern Iraq -- were quarantined in Turkey for seven days from May 14-22 after the mother and her 26 year-old son tested positive for the H1N1 virus. A thermal camera at the Istanbul airport determined that the Amcit had a fever upon arrival on Thursday, May 14. The entire family was then taken by ambulance to a nearby hospital where they were held until eventual release. The Amcit tested positive the same day, and the mother two days later on Saturday, May 16. Other than the infected son's fever, which dissipated within 24 hours, none of the other family members exhibited symptoms during quarantine. All six family members were released after the two infected individuals were retested and tested negative on Thursday, May 21.

The Challenge of Obtaining Accurate and Timely Information  
-----

13. (SBU) Turkish authorities said that they followed

international H1N1 quarantine and treatment guidelines. However, they were unable to internally coordinate, communicate and execute an effective bureaucratic response. Specifically, the consulting physician and hospital administration at the designated quarantine site had little to no say in the treatment and decision making process. Instead, they fed regular treatment and condition updates to the Istanbul Crisis Center and to Ministry of Health headquarters in Ankara, which then in theory decided. However, as days passed, the lack of communication and coordination at all levels became apparent as hospital officials would ask ACS Istanbul for news from the capital because they weren't aware of the latest developments and/or plan of action. On numerous occasions the Turkish authorities gave information to ACS Istanbul that was different from firsthand information provided by the quarantined patients and also different from what the media was reporting. As a result, Mission Turkey spent a great deal of time triangulating to ascertain accurate and timely information, and diplomatically encouraging various Turkish authorities to coordinate amongst themselves.

#### Regular E-Mail SITREPs

14. (SBU) Consulate General Istanbul learned of the family's detention on Friday, May 15 shortly after close of business via a telephone call one of the patients made to Post's duty officer. Initial information gathering and case developments occurred over the following weekend. Istanbul consular duty officer and consular section chief drafted and sent e-mail SITREPs, usually two per day, to keep Embassy Ankara as well as interested parties in Washington (State/Ops, CA, EUR and the NSC) informed. By sending regular dispatches through

ISTANBUL 00000203 002.2 OF 003

Friday, May 22, Istanbul's limited consular staff were free to concentrate on assisting the family and actively monitoring the situation instead of responding to individual inquiries.

#### Supporting Quarantined Individuals

15. (SBU) Despite assurances by hospital administration, the quarantined family did not initially receive sufficient accommodations and care. In Turkey, the general practice is for family and friends to supplement the very basic accommodations and supplies provided to patients at Turkish government hospitals. Our traveling family had no such support base, and Consulate staff was prohibited from visiting the quarantined family. The family complained of unclean accommodations, lack of shower facilities, insufficient food and water, and the absence of English-speaking hospital staff. Consulate staff immediately raised these issues with hospital management and were assured that changes would be made. On day three, when confronted with specific details describing the insufficient accommodations and care, the head of epidemiology for the Ministry of Health admitted that treatment and care of the patients suffered because the Ministry prioritized tracking down all other passengers on the same flight as the two infected individuals. Only after a diplomatic note detailing the poor level of support being provided by the hospital was sent by Embassy Ankara to the Turkish Ministry of Foreign Affairs were most of the matters addressed.

16. (SBU) The quarantined family had a local prepaid mobile phone number they used to communicate with Consulate staff and family back in the United States. Without that lifeline, information dissemination and coordination would have been exponentially more difficult, especially given that a Consular visit was not possible, the hospital phones could not dial out, and Turkish authorities did not provide accurate and timely information.

¶17. (SBU) The two infected family members were the first two confirmed cases of H1N1 virus infection in Turkey. On Friday, May 15, the media started a 24-hour vigil outside the hospital where the family was being quarantined. By Saturday, May 16, the story was on the front page of most major newspapers in Turkey and the lead story for the Turkish cable news channels. Involving the public affairs section from the very beginning helped manage the intense level of media scrutiny and enabled consular section staff to focus on their core responsibilities. The quarantined family wanted as little media coverage as possible, and as self-identifying Kurds from northern Iraq, were concerned about public perception in Turkey. Consular Istanbul and Public Affairs Istanbul earnestly protected the family's privacy and communicated the family's wishes to all relevant Turkish authorities. However, detailed biodata for several family members leaked to the media and was in circulation by Sunday, May 17. PAS Istanbul was able to convince some media outlets to refer to the patients using initials rather than full names.

¶18. (SBU) After the two infected family members tested negative for the virus on Wednesday night, May 20, Turkish authorities informed Post on the morning of May 21 that the patients were free to leave the hospital and depart Turkey. However, while no longer white hot, the story continued to draw steady media attention, including a collection of reporters and cameras camped outside the hospital. Consulate staff worked quickly to formulate and execute an exit strategy. Istanbul worked with Turkish Airlines contacts to re-issue at no charge the family's airline tickets for onward travel from Istanbul to the Turkish city of Diyarbakir. Consulate staff picked up the family at the hospital and accompanied them to Istanbul International airport.

ISTANBUL 00000203 003.2 OF 003

¶19. (SBU) Due to the intense media attention, Mission Turkey sent a diplomatic note in advance of the movement to the airports requesting the use of the Istanbul airport VIP lounge for the family's departure. Doing so reduced, but did not eliminate, media access to the group and prevented an unwanted scene in a public airport area. Consulate Adana also requested VIP lounge access for the family upon arrival at the Diyarbakir airport, thereby again avoiding the media and allowing Consulate Adana staff to better assist the family in making their onward journey by private vehicle to northern Iraq.

GOT Response to Subsequent H1N1 Cases  
-----

¶10. (SBU) According to Turkish public health officials there have been eight confirmed H1N1 cases in Turkey since the outbreak began. ACS Ankara in monitoring the case of an Amcit archeologist based in the Aegean province of Aydin who contacted a local hospital after experiencing flu symptoms following a trip to the United States. He is a confirmed H1N1 case and is due to be released from quarantine on June 16. Ankara ACS has spoken to him by telephone and he is comfortable and being well-treated. As in the Istanbul cases, Turkish health authorities did not report the quarantine of an Amcit to the embassy; ACS Ankara learned of this case through press reports. Embassy Ankara brought this omission to MFA's attention with a request for better coordination. We learned on June 3 that an Education and Cultural Affairs grantee had tested positive for H1N1 upon her return to Turkey from New York City. She had traveled to the United States as part of the Carnegie Hall exchange program and was detected by the thermal camera screening process at Istanbul's Ataturk International Airport. She is currently in quarantine at the same Istanbul facility where the Amcit family of six had been held. Her fellow program

participants have been identified and are under observation  
(but not in quarantine.)

#### Summary and Comments

¶11. (SBU) Mission Turkey's experience with the H1N1 outbreak has been primarily through an American citizen services lens.

However, this case highlighted communication breakdowns within the GOT that are likely to reoccur in future emergency situations (pandemic outbreaks, aviation or natural disasters) and underscored the need for close coordination among all elements of the USG to compensate for deficiencies on the Turkish side. Double and even triple tracking of requests (for instance in Istanbul with local authorities, in Ankara with the central government and with the Turkish Embassy in Washington) proved necessary to acquire the multiple sets of permission needed to finally get the family on the move on May 21. Access to mobile computing devices (i.e. blackberries) was crucial throughout the quarantine period and enabled consular officers at remote locations such as the hospital and airport to provide accurate, real time information to officers working on this case with senior officials in Ankara and Washington and to Consulate Adana staff on the road in South Eastern Turkey.

WIENER